Family Care UPDATE

Options for Long Term Care | Volume 3, November 2000

In This Issue

Wisconsin Council on Long-Term Care Chair Tom Rand & Vice Chair Carol Eschner.

From the Desk of …

Chuck Wilhelm, Director, Office of Strategic Finance

It has been an active few months in Family Care and I have several pieces of information to share with you.

First, Permanent Administrative Rules for Family Care were published in the Wisconsin Administrative Register on October 15 and took effect November 1. The finalization of the rules followed a long summer of negotiations. The process included several public hearings and additional public input, as well as hearings held by the Senate Committee on Human Services and Aging and the Assembly Committee on Health, and consultation with the State Long Term Care Council, the long term care industry and the Family Care pilot counties. We believe the process resulted in improved rules that include more Department responsibilities for monitoring the performance, quality and operations of both the Aging and Disability Resource Centers and Care Management Organizations.

Recently questions have been raised about how to find out how Family Care is being phased-in in each of the pilot counties. The best local source of information about Family Care is the Resource Center. Please contact the Resource Center directly if you have questions about plans for phasing in outreach, enrollment and entitlement to the Family Care benefit, or whether the Family Care pilot is authorized to enroll members of a particular target group. A list of the Resource Centers and contact information can be found on page 6.

The Department's biennial budget request for Family Care has been submitted to the Department of Administration. While the state and the Department are operating under many constraints in developing this budget, it still contains significant resources for Family Care and other community-based programs. See the article on pages 2-3 for more information about the Family Care budget. ◆

Governor Appoints Wisconsin Council on Long Term Care

Governor Tommy Thompson officially created the Wisconsin Council on Long-Term Care on July 26. Governor Thompson also appointed Tom Rand, of La Crosse, as the Chair of the new Council. Carol Eschner was elected Vice Chair at the Council's meeting in September. The fifteen members of the Council include a majority of members who are consumers or consumer representatives and have all served on the Secretary's Interim State Long Term Care Advisory Committee. The other members of the Council that were appointed include: Dale Block, Lynn Breedlove, Beth Christie, Tom Frazier, Diane Hausinger, Julie Litza, Rita Maher, Ella Pious, George Potaracke, David Slautterback, Melvin Steinke, Alice Westermeier, and Chuck Wilhelm.

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Stephen Somers, Ph.D., Program Director with the Robert Wood Johnson Foundation, discusses long term care issues with members of the Council at their September 29, 2000 meeting.

Family Care Update

Family Care Update is a publication of the Department of Health and Family Services and is issued by staff in the Office of Strategic Finance for counties, advocates, Family Care pilot sites, and other people interested in long term care redesign and Family Care.

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In the last few months the Council has been involved in a number of key areas:

- Administrative Rule Amendments. The Council was asked by the Senate Committee on Human Services and Aging to take the lead in crafting amendments to the Department of Health and Family Service's proposed Permanent Administrative Rules that would address the concerns of stakeholders that arose in the Family Care Administrative Rule Hearings this summer. In July and August the Council worked with stakeholders and recommended changes in the Department's rules that would include greater specificity regarding Resource Center and Care Management Organization (CMO) standards and performance indicators.
- Contracts Review and Recommendations. The Council also spent time at several meetings reviewing the draft 2001 CMO and Resource Center contracts. The Council made specific recommendations in two areas. First, the Council suggested the state require all public marketing materials be reviewed by local long term care councils to assure materials are understandable and readable for the average consumer. Second, the Council affirmed the principle that consumers living in alternate residential settings should have the option of a private room, but also recognized that the Department of Health and Family Services and the CMOs need discretion in how to implement that principle by January 2002.
- ADA Title II Advisory Committee. The Council authorized the creation of an American's with Disabilities Act (ADA) Title II Advisory Committee to the Council. This new advisory committee would consist of a broad range of consumer, advocacy and industry representatives affected by the recent Olmstead Supreme Court decision. The committee would be responsible for reviewing the state's current statutes, rules, policies and procedures to develop recommendations on how Wisconsin can improve its ability to meet all requirements of the ADA Title II as interpreted by the Supreme Court.

The Council reserves time on each agenda to hear from the public about the issues and concerns they have about the redesign of the long term care system in Wisconsin. If you have an opportunity, you may want to come to a meeting and hear about the issues facing Wisconsin as we move forward with our bold experiment. If you have questions about the Council or the upcoming meetings, you can contact Susan Grosse at (608) 267-8909 by phone or (608) 267-0358 by fax. You may also e-mail her at grosssk@dhfs.state.wi.us or write to her at: Room 618, 1 W. Wilson St., Madison, Wisconsin 53707-7850. Copies of the Council's charge, future meeting dates, and agendas and minutes of the monthly meetings are available through the Department's web site at: www.dhfs.state.wi.us\LTCare. ◆

By the Numbers: Budgeting for Family Care in 2001-03

by Fredi Bove, Budget Director, Office of Strategic Finance

The total projected cost of Family Care is $141.0 million in state fiscal year (FY) 2001-02 and $205.8 million in state fiscal year 2002-03. (State fiscal years run from July 1 to June 30; state fiscal year 2001 begins July 1, 2001 and ends June 30, 2002). Approximately half of the total cost will be funded with federal funds. The remaining portion, $68.3 million in FY 2001-02 and $100.3 million in FY 2002-03, will be funded by state revenue (known as general purpose revenue, or GPR). The bulk of the GPR funding will be funding reallocated from existing programs, including the Medicaid fee-for-service, Community Options, and Community Aids programs. This reallocation reflects the fact that some individuals will be

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served in the Family Care program rather than these other programs. The amount of new GPR funding requested for Family Care is $16.3 million in FY 2001-02 and $27.7 million in FY 2002-03.

Implementation Schedule and Client Enrollment

Currently Resource Centers are operational in the following nine sites: Fond du Lac, La Crosse, Portage, Milwaukee (serving the elderly population only), Kenosha, Marathon, Trempealeau, Jackson, and Richland. Five Care Management Organization (CMO) sites have or will become operational in the 99-01 biennium: Fond du Lac, La Crosse, Portage, Milwaukee (serving the aging population only), and Richland. The Department proposes to expand Family Care CMO implementation to an additional site, Kenosha County, in the 01-03 biennium. Kenosha County has been actively involved throughout the 99-01 biennium in planning for Family Care implementation. CMO sites gradually enroll individuals so that after two years they are at full implementation. The six CMO sites scheduled for implementation through the 01-03 biennium include approximately 20% of the state's eligible Family Care population. Projected total enrollment in Family Care CMOs is 8,379 in June 2003 (the end of the biennium). Of this total, 6,287 are projected to be Medicaid clients at the comprehensive level of care, 1,466 are projected to be non-Medicaid comprehensive-level clients, and 626 are expected to be Medicaid clients at the intermediate level of care.

Major Components and Their Funding Levels

- In Family Care, an Aging and Disability Resource Center serves as the "one-stop shopping" point to provide information and assistance to potential clients and members of the public about long term care services. Resource Centers screen for functional eligibility for the Family Care benefit, offer pre-admission consultation to people entering institutional and residential programs, and provide access to other benefits that might be sought by elderly people and people with disabilities, including Medical Assistance (MA) and Food Stamps. Resource Center costs are expected to be $7.4 million in fiscal year 2001-02 and $7.9 million in fiscal year 2002-03.
- Care Management Organizations (CMOs) are responsible for providing and/or arranging for long term care services for CMO enrollees. The Department contracts with CMOs and provides an amount of funding each month for each person enrolled. Each CMO is required to offer an array of services and providers. CMO costs are projected to be $126.4 million in FY 2001-02 and $189.1 million in FY 2002-03. The bulk of the CMO payments, approximately 90%, are projected to be for Medicaid clients.
- The state undertakes activities to oversee the implementation of Family Care. State oversight activities fall in the following areas: information technology, quality assurance, external advocacy, program evaluation, contract administration, training for Resource Centers and CMOs, support for the LTC Council and Consumer Involvement, and support for local Income Maintenance units.
- A substantial amount of planning is required by a county before it can become operational as a CMO site. Sites that would become operational in the 03-05 biennium must engage in planning efforts in the 01-03 biennium. The Department's 01-03 budget proposal includes planning funding starting in January 2003 for five additional sites to enable this third wave of sites to become operational in the 03-05 biennium if the legislature directs the Department to proceed with further implementation of Family Care in the 03-05 biennial budget. ◆

Family Care Budget Summary
2001 - 2003

	Fiscal Year 2001-02	Fiscal Year 2002-03
TOTAL COST	$141,006,600	$205,803,000
Federal Funding	72,670,800	105,550,200
Reallocated from Current Programs	53,658,400	74,540,500
New FED Funding	19,012,400	31,009,700
Total State Funding (GPR)	68,335,800	100,252,800
Reallocated from Current Programs	52,056,400	72,573,300
New GPR Funding	16,279,400	27,679,500

Desired Outcomes for Family Care Consumers

Over two years ago, the "Designing Quality Workgroup" chose the following 14 consumer outcomes for Family Care CMO members. This workgroup was comprised of consumers, advocates, providers, other stakeholders and Department staff.

People are treated fairly.

■

People have respect and dignity.

■

People choose where and with whom to live.

■

People have privacy.

■

People choose their services.

■

People choose their daily routine.

■

People achieve their employment objectives.

■

People participate in the life of the community.

■

People remain connected to informal support networks.

■

People are free from abuse and neglect.

■

People have the best possible health.

■

People are safe.

■

People experience continuity and security.

■

People are satisfied with their services.

Family Care Member Outcome Interviews Begin

by Julie Horner, RN, Center for Delivery Systems Development

Measuring individual outcomes by talking directly with consumers is just one of the strategies the Department is using to learn about the quality of Family Care services and supports, but it is an important one. At least 20% of Family Care members who are elderly or have developmental disabilities and 30% of members' who have physical disabilities will be randomly selected and asked to participate in an outcome interview. Every CMO member is considered a potential participant in the interview process unless he or she asks to be excluded. After meeting with the member, the interviewer determines if each of the different outcomes, as defined by the member, are present, and if supports to help the member achieve each outcome are present.

The Department requested assistance in this effort from The Council on Quality and Leadership, an organization that works in 27 different states to accredit a broad spectrum of long term care organizations, including state-wide family support and respite services, as well as vocational, day, and residential options. The Council on Quality and Leadership believes that consumers, not providers, should determine what outcomes or results they want and need from their services and supports, and that listening to and learning from the person should be at the center of organizational life. As Cindy Kauffman, Director of Accreditation for the Council, said at a September 7, 2000 meeting with DHFS and CMOs, "If you cannot demonstrate a connection between peoples' outcomes and program process, why are you still paying for and operating the program?"

> *"If you cannot demonstrate a connection between peoples' outcomes and program process, why are you still paying for and operating the program?"*
>
> *Cindy Kauffman -- The Council*

The Council on Quality and Leadership and Family Care share a similar mission - to improve the lives of people who need long term care and support. But the Department also requested the Council's assistance because of its expertise in data collection and research using consumer outcome measures related to choice-making, satisfaction, control over resources, and lifestyle changes. The Council uses statistical analysis to identify possible relationships between whether an individual's outcomes are met and factors such as the person's disability, where he or she lives, and the size of the organization servicing the individual.

From October 23 – 27, 2000, twelve individuals attended training to learn the Council's data collection methods and personal interview format, and how to score the results of the interview. The individuals trained included staff of the Bureau of Developmental Disabilities Services (BDDS) and of The Management Group (TMG), which works under contract with

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the Bureau on Aging and Long Term Care Resources (BALTCR) to conduct quality reviews in the home and community based waiver programs for elderly and people with physical disabilities. After the training, ten of the trainees underwent inter-rater reliability testing, during which a senior Council staff person observed the trainee conducting an interview. The interviewer and the trainer then scored the interview separately, and the trainee had to obtain a score of 85% agreement with the trainer in order to be considered a reliable interviewer. Besides the interviewers from BDDS and TMG, several Council on Quality and Leadership staff will also be conducting interviews.

The actual interviews will take place over the next several months and will involve a one-on-one conversation with a sample of Family Care members. If a member has difficulty describing his or her preferences, activities, and level of satisfaction, others who know the person best and are aware of how the person expresses preferences will be asked to contribute to the interview process. Once the interview is complete, the interviewer talks with other people who can contribute to an understanding of the member and the supports in place to help achieve his or her outcomes. This may include CMO staff, providers, informal supports or other sources.

After the interview and follow-up is completed, the interviewer determines if each of the different outcomes, as defined by the member, are present, and if supports to help the member achieve each outcome are present. For example, if a member who lives in a congregate setting really wants to live independently, the outcome is not present. However, if the care plan includes both services to help the individual learn the skills necessary to live independently and a process to develop an independent living situation for the individual, the supports to help achieve the outcome are present.

Measuring individual consumer outcomes is just one of the strategies the Department is using to learn about Family Care members.

The Council on Quality and Leadership will enter the interview results into a database and Department staff will analyze the results. The goal is to form a picture of how well Family Care is providing services and supports that help consumers achieve desired outcomes. The Council's outcome model and database will assist the Department in meeting the challenge of measuring outcomes that apply to the whole person – across all services and settings in the Family Care benefit. ◆

To find out more about The Council on Quality and Leadership, check out their web site at:

www.thecouncil.org

Suggested Interview Questions

The Family Care outcome interviews take approximately 1 ½ to 2 hours and are a one-on-one conversation rather than a question and answer format. Some of the suggested questions to help interviewers in discovering whether individual member outcomes have been achieved include:

How did you choose where to live?

■

Where can you go when you want to have private time with family or friends?

■

Do people call you by your preferred name?

■

Who decided what services you would receive?

■

Who decides when you get up in the morning and retire at night?

■

Is there anything you would like to do in the community that you don't do now?

Just the Facts

Findings from the Aging and Disability Resource Center Pilots:

Ten Resource Centers are currently operating in Wisconsin. (Kenosha County operates two separate Resource Centers--one for aging and people with physical disabilities and a second one for people with developmental disabilities.)

■

Between September 1999 and September 2000, the Resource Centers handled nearly 59,000 contacts, 95% of which occurred during normal business hours.

■

People calling on their own behalf as well as hospital staff and community agencies are the most frequent callers, followed by friends and relatives.

■

About 68% of contacts are from people simply requesting information, the remainder require some kind of follow-up assistance, such as linking a client with services; about 3% require referrals for emergency assistance or adult protective services.

■

People contact the Resource Center most often for information and assistance about disability and long term care related services, basic needs and financial-related information, and housing.

■

Approximately 13% of contacts result in a referral for a Long Term Care Functional Screen to test for Family Care functional eligibility. Between April and September 2000 approximately 1,370 Functional Screens were completed.

Who 'ya gonna call?

A Local Aging and Disability Resource Center, Of Course!

Fond du Lac County
Toll Free: 1-888-435-7335
Phone: 920-929-3466
www.execpc.com/~jev/services.html

La Crosse County
Toll Free: 1-800-500-3910
Phone: 608-785-5700

Milwaukee County
Phone: 414-289-6874
www.milwaukeecounty.com

Portage County
Toll Free: 1-800-586-5055
Phone: 715-346-1405

Marathon County
Toll Free 1-888-486-9545
Phone 715-261-6070
www.adrc.co.marathon.wi.us

Richland County
Phone: 608-647-4616

Jackson County
Toll Free: 1-877-441-0915
Phone: 715-284-5898
TTY: 715-284-8941

Trempealeau County
Toll Free: 1-800-273-2001
Phone: 715-538-2001
TDD: 715-538-2737

Kenosha County
Aging & Disability Resource Center
Toll Free: 1-800-472-8008*
Phone: 262-605-6646
TTY: 262-605-6663
www.co.kenosha.wi.us/ADRC/index.html

Developmental Disabilities Resource Center
Phone: 262-653-3880

* for Kenosha County residents only

Status of Family Care Pilots

By the beginning of November 2000, nearly 1,800 people had enrolled in Family Care. The chart below provides a brief status report on each pilot county.

Pilot County	Resource Center (RC) Status as of 11-1-00	CMO Status as of 11-1-00
Fond du Lac	In operation.	Began enrollment in February 2000. Approx. 496 enrollees as of 11-00.
Portage	In operation.	Began enrollment in April 2000. Approx. 293 enrollees as of 11-00.
La Crosse	In operation.	Began enrollment in April 2000. Approx. 494 enrollees as of 11-00.
Milwaukee	In operation.	Began enrollment in July 2000. Approx. 502 enrollees as of 11-00.
Richland	Started operations in November 2000.	Plan to start enrollment in January 2001.
Kenosha	In operation. (Kenosha County has two RCs--one for aging and physically disabled and one for developmentally disabled.)	Plan to start enrollment in 2002.
Marathon	In operation.	Plan to start enrollment in 2003.
Jackson	In operation.	Not a CMO pilot (didn't apply).
Trempeleau	In operation.	Not a CMO pilot (didn't apply).
Forest, Vilas, Oneida	Plan to start operations in 2002.	Plan to start enrollment in 2003. Will serve people with developmental disabilities only.

In the Spotlight

by Janis Ribbens

My name is Janis Ribbens. My husband, Tim and I have been receiving home health care in Portage County since 1984. We are both quadriplegics as a result of accidents when we were teenagers. We became involved in Family Care and the development of Portage County's care management organization, Community Care of Portage County (CCPC) in late 1998.

Before our involvement in Family Care, I bumped into an old friend who worked at an Independent Living Center. She asked how I felt about the changes coming through the proposed redesign of the long-term care system, and how those changes would affect Tim and I. She asked if I had any concerns about the proposed changes. Imagine my surprise. I thought I was reasonably well informed about my cares and yet I knew nothing about what my friend mentioned. My friend gave me the online address for the Department of Health and Family Services; DHFS (www.dhfs.state.wi.us) and I looked for information on the long-term care redesign proposals. I sent an e-mail asking for more information on how these proposals would affect my husband and me. (The DHFS web site is a great place to go to find enough information so you can ask better questions when you need help.)

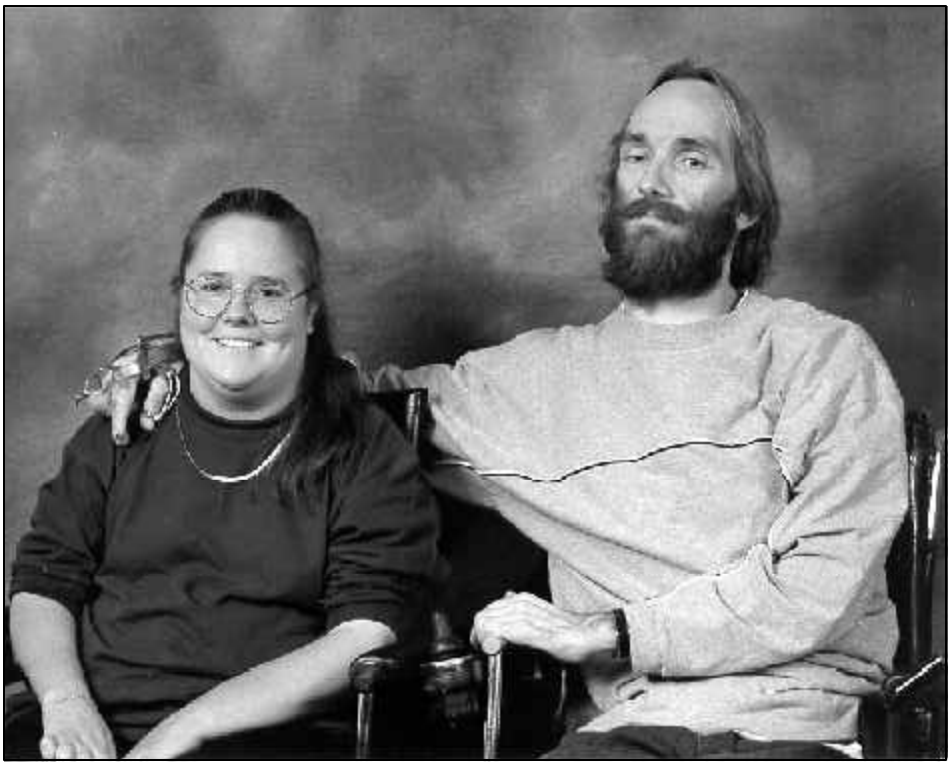
I began attending local meetings about Family Care. I asked a lot of questions that didn't have definite answers. I asked how my point of view could be helpful to the process and found that my experience and opinions were valuable to those trying to come up with the details to make Family Care work. Recently, I've participated in a group of consumers, social workers, nurses and others to work on the self-directed care option for CCPC.

I've almost always been satisfied with the services provided by Portage County Health and Human Services, and now through CCPC. I know that in many areas of the United States my husband and I would be in a nursing home. We require the type of care that needs to be provided daily, at regular times, and can't be put off or missed or we could have serious health problems. With these daily cares we can live otherwise normal lives. By receiving these hours of care, we know we save the government money compared to what it would cost for 24 hour a day care in a nursing home.

At present, my husband and I receive the majority of our home health care through Community Health Cares VNA, a service provider from the Wausau area. When CCPC became operational in April of this year, the only comments from our provider were that the new way of doing things made their jobs easier, particularly the paperwork. We haven't had any noticeable changes in our direct services. Community Health Cares VNA provides 6 to 8 hours a day of a combination of certified nursing aid and personal care time to my husband and me.

Family Care is a pilot program, and we in Portage County are providing the information that will eventually help all the State become better at providing long term care for all our residents. CCPC is the beginning of a new phase of, from my perspective, an always client-oriented, concerned, and results-being-the-important-thing, way of looking at how services can be provided to its physically challenged population.

In combination with CCPC funded home health care, supportive home care time and other CCPC funding for wheel-chair parts and work, we believe we receive the appropriate care to keep us healthy, active and able to live the lifestyle we choose. Portage County has always acted in a way that we feel encourages us to live in our community. ◆



Janis Ribbens and her husband Tim. Janis is a member of the Portage County Care Management Organization.

Formally Adopted Goal of DHFS for LTC Redesign

The Department of Health and Family Services (DHFS) will foster the statewide development of comprehensive long term care and support systems that maximize independence, recovery and quality of life, while recognizing the need for interdependence and support. The redesigned system will provide individuals and families with meaningful choices of supports, services, providers, and residential settings, as long as such care or support is necessary, meets an adequate level of quality, is cost-effective, is consistent with the individual's values and preferences, and can be provided within available resources.

Check our web site for the latest news

www.dhfs.state.wi.us/LTCare

Local Advocates Now Available

Local advocates are now available to offer independent and confidential assistance to help consumers and enrollees understand the Family Care program. This might include answering consumer's questions about Family Care, helping a Family Care enrollee file a complaint or grievance, or even going to a care planning meeting with an enrollee.

The Wisconsin Coalition for Advocacy (WCA) coordinates the Family Care independent advocacy service through a contract awarded by the Board on Aging and Long Term Care. For general information about Family Care independent advocacy, contact Morgan Groves at WCA at (608) 267-0214.

Consumers and Family Care enrollees who want independent advocacy services should contact one of the following local advocates in their county.

Fond du Lac County

Sandra Foster has been hired as the advocate in Fond du Lac County. Her phone is (920) 907-8441 or toll free at 1-866-889-2188. Sandra just relocated from Missouri where she was the assistive technology coordinator at an Independent Living Center. She also has three years experience providing in home services and supervising employees providing in home care.

La Crosse County

Rebecca Price has been hired as the advocate for people under age 60 in La Crosse County. Her phone is (608) 787-1111 or toll free at 1-888-474-5745. Rebecca has provided direct support to individuals with a developmental disability and has experience as a Developmental Disabilities Advocate at the North Dakota Protection and Advocacy Agency. She has a Master Degree in Therapeutic Recreation and experience teaching water and land aerobics to seniors and volunteering with Special Olympics.

Pamela Dalton has been hired as the advocate for people age 60 and over in La Crosse. Her phone is (608) 787-7784. Pamela was a Benefit Specialist for the Richland County Commission on Aging and has experience providing detailed information and advocacy for elderly individuals regarding Social Security, Medicare, Medicaid and Long Term Support programs.

Milwaukee County

The Wisconsin Coalition for Advocacy will directly provide advocacy for persons over age 60 in Milwaukee County. The Family Care advocates will be located at the Wisconsin Coalition for Advocacy (WCA) office in Milwaukee. Although the designated Family Care advocates have not yet been hired, WCA has current staff available to assist people applying for or receiving Family Care. The Milwaukee phone number is (414) 342-8700 or toll free at 1-800-708-3034.

Portage

Mary Cayford has been hired as the advocate in Portage County. Her phone number is (715) 344-4210 or toll free at 1-800-382-8484. Mary has twelve years of experience as the Assistant Director of Refugee Services in Stevens Point where she provided advocacy and case management for Hmong families. She also has personal experience with advocacy in Wisconsin's long term care system. ◆

Family Care Conference Planned for Spring 2001

Plans are underway for a one-day Family Care conference. The conference is tentatively planned for late-April or early-May and will be held in the Madison area. Some of the goals of the conference are to inform people about recent developments in Family Care, provide an opportunity for the Wisconsin Council on Long Term Care to report to the public on their activities, and to encourage and inspire momentum for continued learning from the Family Care pilots. The conference will target both long term care consumers, especially key consumer organization leaders and members from across the state, as well as county staff involved in piloting Family Care, and other interested county professional staff statewide. Stay tuned for more information about the conference in the coming months.

The Lewin Group Evaluation

by Marci McCoy, Center for Delivery Systems Development

The authorizing legislation for Family Care required the Legislative Audit Bureau to contract for an independent evaluation of the program. Through a competitive Request for Proposals process, the Bureau selected The Lewin Group, a health care consulting firm located in Falls Church, Virginia, specializing in research, policy and management issues.

On November 1, 2000, the Department received the first of five implementation evaluation reports from The Lewin Group. To conduct this evaluation, Lewin interviewed staff and reviewed documentation from Care Management Organizations (CMOs), Resource Centers (RCs), and the Department.

Lewin concludes that implementation is proceeding well, with challenges that might be expected during the start-up phase of any program. The report indicates that the Department and the Family Care pilots are collaborating well on issues and challenges that arise, resulting in a coordinated implementation effort.

Lewin indicates that the CMOs continue to work on implementing the care management model and to further develop the role of the nurse in this process. According to the report, it is too early to determine whether full transformation to the Family Care care management model will occur. The Department emphasizes that the transformation of the care management system is crucial to Family Care's success.

Family Care implementation is proceeding well…

Lewin reports that quality assurance and improvement efforts have not been fully undertaken yet by all of the Family Care pilots, although plans are being made to do so. The report describes Family Care's shift from a state-driven quality monitoring model to one in which the pilots are responsible for assuring quality by monitoring outcomes of their members directly.

The report notes that separating eligibility and enrollment creates some problems for communicating information between the RC and CMO, which may impede enrollments. Enrollment has been limited primarily to the conversion of waiver clients and removing people from existing waiting lists. Enrollment figures are lower than originally projected.

Regarding the rate setting process, Lewin notes that setting capitated rates is a complex process and states that the Department has invested a great deal of time to establish fair and adequate rates. However, the pilots remain concerned about rate adequacy. The payment system will be modified over time to more accurately reflect true and experience-based program costs.

The report states that RCs have been extremely successful at providing information about long-term care options and filling a previously unmet need in the community. The pilots reported needing additional resources to help handle the demand, and the Department has responded by requesting additional funds for 2001-2003.

During the next three years, Lewin will prepare four updates of the implementation evaluation and will also conduct evaluations of the overall program effects and cost-effectiveness of Family Care. The work of The Lewin Group provides valuable insight about Family Care, which will help ensure its evolution into a successful long-term care program for all of Wisconsin.

An electronic copy of The Lewin Group implementation process report is available on the web: www.legis.state.wi.us/lab. ◆

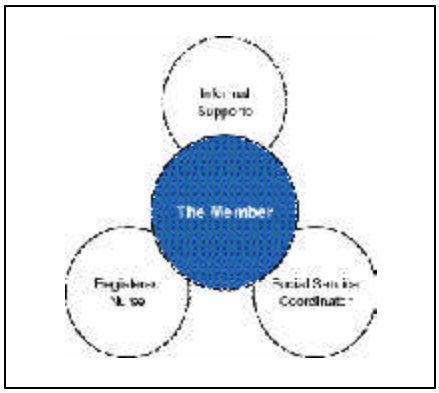
Consumer-Centered Interdisciplinary Teams in Family Care

Ann Pooler, RN, Ph.D., Center for Delivery Systems Development

Family Care pilots have been hiring registered nurses (RNs) as Care Management Organizations (CMOs) gear up to serve enrollees. Some people have reacted to the inclusion of nursing practice in Family Care with the fear that this means Family Care is a "medical model" that will not put consumer decision-making at the center of the care planning process. That is not the case.

Generally in the medical model, people become "patients" perceived by diagnoses or body systems, and disabilities are seen as illness (rather than just a difference or even a political group identity). Professionals are the experts and patients' "non-compliance" with their treatment plan is viewed as illogical. Health and safety are considered primary goals over the person's other desires such as home, relationships, enjoyment, and other quality of life concerns.

Barbara Bowers, RN, Ph.D. of the University of Wisconsin-Madison School of Nursing researched the perspectives of consumers enrolled in the Wisconsin Partnership Program (an integrated managed care program for elders and people with physical disabilities). She discovered that consumers define quality care as an adaptation of professional standards to the individual - not an imposition of those standards on them. "For all of the consumers interviewed, life was infused with a constant balance between following useful treatment plans and having a meaningful life." Barbara Bowers, RN, Ph.D., *Quality in WI Partnership Program*, 1996, page 81.



The Family Care model is based on an interdisciplinary team that includes the member, a social services coordinator, and a nurse. This team designs a care plan based on information gathered during a comprehensive assessment and is tailored to the individual's needs, preferences and outcomes.

Family Care is designed to help people live their lives, not merely comply with health care plans. Only 5 to 10 percent of long term care is medical; the rest involves social service issues. In developing an interdisciplinary team curriculum for social workers and nurses, Dr. Bowers found that neither the medical model nor the social model alone could meet consumers' definitions of quality services. What is needed is a blending of the two, with consumer input at every step. In Family Care, nurses, social workers and other professionals work together to provide integrated, consumer-centered services--that is what member-centered interdisciplinary teams are about.

The nurses recruited to work in CMOs understand that Family Care involves a special kind of nursing practice. Some of them have done similar consumer-focused nursing already; all are committed to the values and consumer outcomes of Family Care.

Family Care nurses will use their nursing skills and will carve out a new role for nursing in the CMO. An effective CMO nurse will foresee problems before they happen and help people avoid them by providing full assessments and early intervention and prevention. CMO nurses will help members, families, direct care workers and social workers understand medical conditions and treatments so that members have the best possible health and quality of life. CMO nurses will link with other health care providers to help them adapt their primary care goals to the members' preferences. CMO nurses will provide in-home treatments — especially helpful to avoid emotionally traumatic emergency room visits or hospitalizations for members with cognitive impairments. And through it all, CMO nurses will work in constant interdisciplinary (not multidisciplinary) partnership with social workers and members. All three perspectives are imperative to create the person-centered services and consumer outcomes of Family Care. ◆

> *"For all of the consumers interviewed, life was infused with a constant balance between following useful treatment plans and having a meaningful life."*
>
> *-- Barbara Bowers, RN, Ph.D.*

To find out more about Dr. Barbara Bowers' research, check out the quality research section on the Wisconsin Partnership Program web site at:

www.dhfs.state.wi.us/aboutdhfs/osf/wpp/osf-wpp-qualityresearchinitiative.htm

On the Road to Entitlement

Eliminating waiting lists for long term care services in the Family Care Demonstration counties.

One of the delightful and deliberate effects of the Family Care pilots is the elimination of the waiting lists for long term care services for elderly people and adults with disabilities. After the phase-in period, the Family Care benefit is an entitlement for all those individuals who are eligible for Family Care and currently on the waiting list for services from either the Community Options Program (COP) or the Home and Community Based waivers (HCBW). Family Care also is an entitlement for some individuals with lesser needs than those served by COP or the HCBWs, who are financially eligible for Medicaid services under the State Medicaid Plan. The pilot counties have been working hard at making this entitlement a reality as they create staffing capacity for additional consumers.

The good news is that the pilot counties are successfully eliminating their wait lists for elderly and adults with disabilities. As of October 1, Fond du Lac and Portage both had zero adults in the Family Care target groups on their COP and HCBW wait list, and La Crosse had only 64 adults with developmental disabilities left to go. Milwaukee has the biggest challenge of all, which they are meeting with their usual aplomb. As of October 1, Milwaukee had 2,614 frail elders on their wait list and plan to have it eliminated by the end of 2001! ◆

Family Care covers adults 18 years and older with long term care needs who are elderly, physically disabled, or developmentally disabled. Individuals are required to meet both functional and financial eligibility criteria to qualify for Family Care.

Questions & Answers about Estate Recovery in Family Care

Q What's estate recovery?

A The State seeks repayment of certain long-term care service costs provided to participants of specific programs, particularly Medicaid. Recovery is generally made from the recipient's estate after death. The money recovered is used to provide care for other people in need.

Q Does it apply in Family Care?

A Yes, the State legislature chose to apply rules similar to Medicaid estate recovery rules to Family Care.

Q If I don't enroll in Family Care, can I avoid estate recovery?

A Estate recovery applies to most long term care services funded through Medicaid or the State. In addition to Family Care, estate recovery applies to:

- Certain long-term care services provided through a Medicaid card;
- Medicaid Waivers (CIP IA, CIP IB, CIP II, COP-W, CSLA, BIW);
- Community Options Program (COP);
- Wisconsin Chronic Disease Program (WCDP); and
- Medicaid services received by recipients residing in a nursing home or hospital.

Postponement of needed services may result in a need for higher cost services later on.

Q Will the state take my home?

A No. The state does not take people's homes. A lien may only be placed on the home of an institutionalized recipient if they cannot reasonably be expected to return to their home to live. If they do return, the lien is removed. Also, a lien may not be placed on a recipient's home as long as a spouse, minor, disabled or blind child resides in the home. A lien does not affect the ownership of that home, and will only be paid when the home is sold.

Q Where can I get more information?

A For more information about estate recovery, contact your local Aging and Disability Resource Center, county or tribal human services agency or Medicaid Recipient Services at 1-800-362-3002. You can also access "Wisconsin's Medicaid Estate Recovery Program, Most Commonly Asked Questions and Answers" brochure on the Department's web site at: www.dhfs.state.wi.us/medicaid1/recpubs/erp.htm. ◆

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FAMILY CARE
Options for Long-Term Care

Be Proud Mary!

a tribute to Mary Rowin, former Family Care Project Manager

It is with a great deal of sadness that we say farewell to Mary Rowin, the Project Director for Family Care for the last three years. She has moved on to the Department of Workforce Development as Deputy Director for the Bureau of Work Support Programs. Mary's leadership, energy and unflagging determination to implement Family Care on schedule, was a credit to the Department. Large bureaucracies are not noted for their speed, efficiency or flexibility. With her attention to detail, grasp of project planning and commitment to a 60 hour work week, Mary led the Center for Delivery Systems Development staff into the project with flair and a level of sophistication unparalleled in a project this large. We will miss Mary, who supported her staff and believed in the project 100%. What we have to follow is her example of excellence, and faced with the difficult decision making yet to come in the project, we will continue to ask ourselves the question: "What Would Mary Do?"